

Applicant's Name:

CITY OF SANTA BARBARA PARKS & RECREATION DEPARTMENT

Carrillo Rec. Center 100 E. Carrillo St. C/O Youth Activities (2nd Floor) Santa Barbara, CA 93101 564-5495 FAX 897-2520

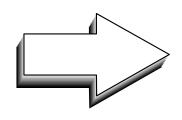
SUMMER 2005 – JUNIOR COUNSELOR APPLICATION

*APPLICANT MUST BE ENTERING 7TH GRADE IN SEPTEMBER 2005

Mandatory Training Date: June 11th

<u>Application deadline: Saturday, April 16, 2005</u> FEE: \$20.00 Non-refundable Application Fee

\$55/\$46 RDC due at time of acceptance



*Please attach photo of yourself here

*PLEASE FILL OUT FORM COMPLETELY

Last	First	Middle		
Address:		Z1p:		
Age: Sex:	Date of Birth:			
Home Phone:	Parent/Guardian Work Phone:			
Physician:	Phone #:	Phone #:		
Allergies or Medication:				
Physical Limitations or Restrictions				
Name and Address of School Currently Attending	ng:			
Subjects you are strong or interested in:				
Position applying for: (Please check session nu				
☐ Summer Drop-in Recreation	□ Naturecamp	an session.)		
(11:30 - 4:30 p.m. daily)	(8:30-4:00 p.m. d)	laily)		
☐ Franklin School dates to be determine	` <u>=</u>	• /		
	Cossion 2 (July 5 July			
☐ Harding School dates to be determine		☐ Session 3 – (July 18 – July 29)		
☐ McKinley School dates to be	\square Session 4 – (August 1 – A	•		
determined	\square Session 5 – (August 15 –	•		
*All Sessions are 2 weeks		,		
☐ Sports and Beach Camp	□ Aqua Camp			
(8:30-4:00 p.m. daily)	(8:30-4:00 p.m. d)	laily)		
☐ Session 1 – (June 20 – July 1)	☐ Session 1 – (June 20 – Ju	• .		
\square Session 2 – (July 5 – July 15) * No Camp July 4				
\square Session 3 – (July 18 – July 29)	\square Session 2 – (July 3 – July \square Session 3 – (July 18 – July 18			
\square Session 4 – (August 1 – August 12)	\square Session 4 – (August 1 – A	•		
\square Session 5 – (August 15 – August 26)		☐ Session 5 – (August 15 – August 26)		

Do you possess any of the following?	(Indicate expiration date):		
C.P.R.		_Community Water Safety _ Lifeguard Training	
Water Safety Instructor _			
	ing vision) which would preclude you from		
References: Please list the names of p	people who can be contacted to provide info	ormation regarding your skills.	
Name of reference	Relationship		
Address		Phone #	
Name of reference	Relationship		
Address		Phone #	
<u>VOLU</u>	UNTEER REGISTRATION/RELEASE For e completed by parent or legal guardian)	ORM	
Adult Last Name	First Name		
Mailing Address	City	Zip	
Daytime Phone	Evening Phone		
Emergency Contact (other than person	n named above)		
Phone	Relationship		
By signing the release below, you acknowledge	CODE OF CONDUCT that you have read and fully understand the City of Santa or on behalf of your child(ren), agree to abide by its policie	Barbara Parks and Recreation Department	
"Code of Conduct" and do thereby for yoursell,	or on benail of your child(ren), agree to ablde by its policie	s and conditions exactly as written.	
(Parent or	r legal guardian must read. Complete and s	sign.)	
D ₄ CITY OF SANTA BARBARA RELEASE A ANY CITY FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE L	AGREEMENT IN CONSIDERATION OF YOUR CHILD BEING PERMITTED UNDER-SIGNED AGREES TO THE FOLLOWING:	TO PARTICIPATE IN THIS CITY ACTIVITY OR USE OF	
referred to as "releasees") from all liability to the undersigned, his/ her pe	SCHARGES AND COVENANTS NOT TO SUE THE CITY OF SANTA BARBARA, IT ersonal representatives, assigns, heirs, and next of kin for any loss, damage, or clain easee's or otherwise while the undersigned is participating in the City activity or usin	n therefore on account of injury to the person or property of the	
	\prime AND HOLD HARMLESS the releasee's from all liability, claims, demands, causes α appeal) resulting from involvement in this activity whether caused by any negligent		
using any City facilities and equipment whether caused by any negligent			
The undersigned expressly agrees that the foregoing release a portion thereof be held invalid, notwithstanding, the balance shall continu	and waiver, indemnity agreement and assumption of risk are intended to be as broad ue in full legal force and effect.	d and inclusive as permitted by California law and that if any	
	I am aware of the legal consequences of this agreement, including that it preve It of participation in this activity. I further acknowledge that no oral representa		
Parent/Legal Guardian: Print Name	Signature	Date	